

| | | | | | | |
|--|--|--|--|--|----------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. 17361 | |
| Applicant(s): Toshiaki Noguchi, et al. | | | | | | |

| | | | | | |
|--------------------------------------|--|---------------------------------------|------------------------------|-------------------------------|---------------------------------|
| Application No. 10/759,991 | Filing Date January 16, 2004 | Examiner Kristine K Rapillo | Customer No. 23389 | Group Art Unit 3626 | Confirmation No. 8684 |
|--------------------------------------|--|---------------------------------------|------------------------------|-------------------------------|---------------------------------|

Invention: **NURSING WORK SUPPORT SYSTEM FOR IMPROVING WORK EFFICIENCY OF NURSES EMPLOYED IN MEDICAL EXAMINATION AND MOVING BETWEEN A PLURALITY OF MEDICAL WORK AREAS**

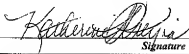
COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|-------------------|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 21 - | 21 = | 0 | x \$52.00 | \$0.00 | |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$220.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |

☒ No additional fee is required for amendment.
☐ Please charge Deposit Account No. _____ in the amount of _____
☐ A check in the amount of _____ to cover the filing fee is enclosed.
☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013/SSMP
 ☒ Any additional filing fees required under 37 C.F.R. 1.16.
 ☒ Any patent application processing fees under 37 CFR 1.17.
☐ Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Dated: **October 23, 2008**

Katherine R. Vieyra
Registration No. 47,155
Scully, Scott, Murphy & Presser, P.C.
400 Garden City Plaza - Suite 300
Garden City, New York 11530
(516) 742-4343 (telephone)
(516) 742-4366 (facsimile)
KRV:cc

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 C.F.R. 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: